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| rtify that this correspondence is being de de wi Washington, D.C. 20231 on | th the U.S. Postal Service | as first class mail in | velope addi | ressed to: Assistant Cor |
| Carres Under the Paperwork Reduction Act of 1995, no person | | J.S. Patent and Trademark Off | fice; U.S. DE | |
| PETITION FOR EXTENSION OF | | :" | Docket N | |
| PE | Applicant(s): | Applicant(s): Riser and DeNichilo | | |
| MAY 0 1 2003 | U.S. Serial No. | 09/392,024 | Filed | 08 September 1999 |
| MAI | Title Methods | For Diagnosing Ren | al Disor | ders |
| TA TRADENMENT | Group Art Unit | 1644 | Examiner | P. Nolan |
| This is a request under the provisions or reply in the above identified application | | extend the period for | filing a | |
| The requested extension and appropriation (check time period desired): | ate non-small-entity fe | e are as follows | | |
| M One month (37 CFR 1.17(| a)(1)) | | | \$_110.00 |
| Two months (37 CFR 1.17(a)(2)) | | | | \$ |
| Three months (37 CFR 1.1 | 17(a)(3)) | | | \$ |
| Four months (37 CFR 1.17(a)(4)) | | | | \$ |
| Five months (37 CFR 1.17(a)(5)) | | | | \$ |
| Applicant claims small entity state above is reduced by one-half, an | d the resulting fee is: | | mount sh | own |
| A check in the amount of the fee | e is enclosed. | | | |
| Payment by credit card. Form P | | | | |
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| The Commissioner is hereby aut or credit any overpayment, to De I have enclosed a duplicate copy | eposit Account Numbe | | equired, | RECE |
| I am the applicant/inventor | or this sheet. | | | Ma |
| assignee of record of Statement under 3 | the entire interest. Se 37 CFR 3.73(b) is end | e 37 CFR 3.71. closed. (Form PTO/SE | 3/96). | RECE MAY 0 & TECH CENTER 10 |
| attorney or agent of re | | | | CENTER 1 |
| attorney or agent und Registration number if | er 37 CFR 1.34(a). facting under 37 CFR 1.34 | ł(a) | | - /(|
| WARNING: Information on this form be included on this form. Provid | | | | |
| 30 April 2003 | | Clothe To | - 2- | |
| Date STEUMEL1 00000052 500811 09392024 | | Signat | | |
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number ____50-0811
I have enclosed a duplicate copy of this sheet.

am the ___ applicant/inventor
___ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a).

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36 April 2003
Date

application to a Deposit Account.

Signature
Christopher Turner Ph.D. Rec. No. 45 167

Christopher Turner, Ph.D. Reg. No. 45,167

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.